



# Illinois Workers' Compensation Commission

100 W. Randolph, Suite 8-200  
Chicago, IL 60601  
312-814-6500

*Pat Quinn, Governor*

*Mitch Weisz, Chairman*

Date:

Name:

Address:

Address:

City, State Zip:

Case Number:

Dear:

Our records indicate you are eligible to receive or continue to receive survivor benefits under the Workers' Compensation Act (the "Act"). You may also be entitled to cost-of-living payments paid by the Rate Adjustment Fund ("RAF"), a fund of the State of Illinois, in addition to the compensation you receive from your employer or its insurance company.

For eligible recipients, RAF payments commence on the second July 15 after the date the final award is issued. The amount of your payment will depend upon the amount of compensation you were awarded, and the increase in the average weekly wage in Illinois since the date of your final award. This supplemental payment will be adjusted each July if there has been an increase in the statewide average weekly wage in the previous year.

In order to receive or continue to receive the RAF payment, you must complete and return the attached affidavit along with a copy of the underlying benefit check (**not the RAF check**). Take the enclosed affidavit to a Notary Public with two pieces of identification, at least one showing your present address. Sign the form in front of the Notary and have the Notary complete the bottom portion of the affidavit. **Mail the notarized form along with a copy of your most recent workers' compensation benefit check (or, if the benefit is directly deposited, a copy of the current notice of deposit) and any requested documents by [date] to:**

Rate Adjustment Fund  
Illinois Workers' Compensation Commission  
100 W. Randolph, Suite 8-281  
Chicago, IL 60601

**Failure to complete and return the affidavit and a copy of your last workers' compensation check may result in discontinuation of your RAF payments. The Act also sets forth eligibility requirements that you must meet in order to continue receiving RAF payments.** Information about RAF payments can be found on the IWCC website: [www.iwcc.il.gov/raf.htm](http://www.iwcc.il.gov/raf.htm).

Please direct questions about **payments** to Joseph Kim, RAF Coordinator, 312/814-6623, [joseph.kim@illinois.gov](mailto:joseph.kim@illinois.gov). Otherwise, if you or your attorney has questions about eligibility, please contact me at 312/814-8770, [darrell.widen@illinois.gov](mailto:darrell.widen@illinois.gov).

Sincerely,

A handwritten signature in cursive script, appearing to read "Darrell Widen".

Darrell Widen, Assistant General Counsel

**ILLINOIS WORKERS' COMPENSATION COMMISSION**  
**AFFIDAVIT FOR RATE ADJUSTMENT FUND PAYMENTS: FATALITY CASE**

Fiscal Year 2012

Name:

Case #:

I, \_\_\_\_\_, being duly sworn on oath, depose and state:  
Name of payee

1. I am the person determined to be eligible for workers' compensation fatality benefits in this case for the reason(s) checked below.

\_\_\_\_ I am the surviving spouse and/or

\_\_\_\_ I am the legal guardian of the following children determined to be eligible for benefits:

*Check appropriate category.*

Name	Date of birth	Social Security #	Under 18 at death (1)	In school (2)	Disabled (3)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

or

\_\_\_\_ I am an eligible child in the following category:

or \_\_\_\_ Other (explain): \_\_\_\_\_

2. I continue to be eligible to receive benefits for this case, and I have enclosed a copy of my most recent benefit check (**not RAF check**). *(If the benefit is directly deposited, we will need a copy of the current notice of deposit).* My award provides that my employer pay \$\_\_\_\_\_ weekly benefit. My benefit check amount is different from my benefit amount because (explain):  
\_\_\_\_\_

3. My legal address (where I can receive notices) and personal information are as follows:

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Birthdate \_\_\_\_\_

Marital status: \_\_\_\_ ☒ It Remarried \_\_\_\_ Remarried; new name \_\_\_\_\_ (send copy of marriage license)

4. I have not entered into any lump sum or structured settlement contract involving this workers' compensation case. *(If you have signed a settlement contract for this case, please send us a copy. If you do not have a copy, please tell us your lawyer's contact information so we can obtain a copy.)*
5. I am aware that any person who willfully signs this affidavit containing false or inaccurate information shall be guilty of perjury and/or fraud, and subject to punishment as prescribed by law.

\_\_\_\_\_  
Signature of payee

*Reminder: Attach a copy of your most recent benefit check from the employer/insurer, and, if applicable, evidence of enrollment as a full-time student at an accredited educational institution*

Signed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public

- (1) A child who became eligible under the age of 18 shall receive benefits for not less than six years.  
(2) A child aged 18-25 is eligible for benefits if enrolled as a full-time student at an accredited educational institution.  
(3) A child who is physically or mentally incapacitated is eligible for benefits for the duration of the incapacity.